

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7228

State File No.

Registration District No. 2

Primary Registration District No. 3052 4407 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town La Monte
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 40 years (Specify whether years, months or days)
In this community 40 years

3. (a) PRINT FULL NAME Sarrah Ellen Waybright,

3. (b) If veteran, name war / 3. (c) Social Security No. /

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, Widowed
6. (b) Name of husband or wife / 6. (c) Age of husband or wife if alive / years
7. Birth date of deceased Oct 2 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 17 / hr. / min.

9. Birthplace Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation /

11. Industry or business /

MOTHER FATHER { 12. Name Joseph Bradfield
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Martha Routgong
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Waybright

(b) Address La Monte Mo.

17. (a) BURIAL (b) Date thereof 2-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B. F. Parker

(b) Address La Monte Mo.

19. (a) 2-22-43 (b) Jos Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town La Monte
(If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1943 hour 9 minute 7 M.

21. I hereby certify that I attended the deceased from Oct 1 1942 to Feb 19 1943
that I last saw her alive on 2-19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder + then adjacent tissues 9 mo
Due to /
Due to /

Other conditions (Include pregnancy within 3 months of death) 52 lb

Major findings: Of operations /
Of autopsy /

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) /
(b) Date of occurrence /
(c) Where did injury occur? / (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? /

While at work? / (Specify type of place) (e) Means of injury /

23. Signature Me Walker (M.D. or other) M.D.
Address La Monte Mo Date signed 2-22-43

1022

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-4-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

B. J. Parson

Licensed Embalmer No.

1592

P. O. Address

Laurel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.